

## UNAWAY / MISSING PERSONS

05/5/2000

Initial / Modify

Incident # 200610240029		Reporting Officer MARK K. SEGAL		Officer Code # 1576		Entered: _____	
Report Date 10/24/06		Report Time 0010		Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716		Agency ORI VA120010	
Vio. Seq. #		Last Name SERENE		First Name DOMINIK		Middle Name ELIEZER	
Race W/B/I/A/U		Ethnic H/N		Sex M		SSN 698-01-4057	
DOB 11-1-2000		Emancipation Date		City/Country of Birth U.S. PA		City/Country of Birth SAYRE	
Height (low range) 3'6"		Height (high range) 3'6"		Weight (low range) 40		Weight (high range) 40	
Hair Color BLN		Eye Color BLV		Skin Tone LGT			
Name of School if Juvenile MARY MUNFORD ELEMENTARY SCHOOL		School Location (City, State) 211 WESTMORELAND ST.		Scars/Marks/Tattoos Type Location Body Part Description EAR LEFT EAR PIERCED			
Home Street # 5705		Home Street Name PARK AVENUE		City, State, Zip RICHMOND, VA 23226		Home Phone 301-915-5287	
Date of Last Contact 10/13/06		Missing / Runaway Before Y/N		Number Times Missing / Runaway		Is Subjected Alcohol and/or Drug Use Y/N	
Last Seen in the Company of (Names and Addresses) DAVID BUSH AGE 40 DUB 8/13/66							
Miscellaneous Information (Check All That Apply) <input type="checkbox"/> Body X-Rays Available <input checked="" type="checkbox"/> Circumcised <input type="checkbox"/> Dental X-Rays Available <input type="checkbox"/> Dental Models/Photos Available		<input checked="" type="checkbox"/> Fingerprint Available <input checked="" type="checkbox"/> Footprints Available <input type="checkbox"/> Medication Available <input checked="" type="checkbox"/> Current Photo Available		Blood Type: (1) O Pos (4) A Neg (7) AB Pos (2) O Neg (5) B Pos (8) AB Neg (3) A Pos (6) B Neg (9) Unk		Fingerprint Classification	
Vision Prescription <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses		Jewelry Type		Jewelry Description LEFT EAR PIERCED			
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Narrative on next page)							
NICKNAME: ELY							
BIRTH NAME: SKYLER RAINE BUSH FIRST MID LAST							
The following section <b>MUST</b> be completed and signed according to Virginia State Law (Runaways).				Affidavit for Missing Person Age 18 or Over			
I certify this person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief.				I certify the person described in this report is missing.			
Signature: <u>Isabella Serene</u> Date: <u>10/24/06</u> Relationship: <u>mother</u>				Check Applicable Condition:			
I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.				Disability: Person missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger.			
I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.				Endangered: Person missing under circumstances in which his/her physical safety is in danger.			
Signature: <u>Isabella Serene</u> Date: <u>10/24/06</u> Relationship: <u>mother</u>				Involuntary: Person missing under circumstances in which the disappearance was not voluntary.			
Signature _____ Date _____ Relationship _____				Signature _____ Date _____ Relationship _____			

## JNAWAY / MISSING PERSONS

7/2000

Initial / Modify

*Incident # 200610240029		*Reporting Officer MARK K. SEGAL		*Officer Code # 1576		Entered: Runaway (901) Missing Person (902) Page # 1	
Report Date 10/24/06		Report Time 0010		*Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716		Age 20010	
*Last Name SERENE		*First Name TULLIA		*Middle Name AMELIA		*Suffix	
*Race W/B		*Ethnicity N		*Sex F		*SSN 698-01-4199	
*DOB 6-17-2002		*Emancipation Date		*City/County of Birth V S P A SAYRE		*Mother's Maiden Name (if birth state is VA)	
*Height (low range) 3' 4"		*Height (high range) 3' 4"		*Weight (low range) 42		*Weight (high range) 42	
*Hair Color BRN		*Eye Color BLU		*Skin Tone LGT			
*Name of School If Juvenile MARY MUMFORD ELEMENTARY SCHOOL		*School Location (City, State) 211 WESTMOORELAND ST		*Piercing Type EARR		*Location EAR	
*Home Street # 5705		*Home Street Name PARK AVENUE		*City, State, Zip RICHMOND, VA 23226		*Home Phone 301-915-5287	
*Date of Last Contact		*Missing/Runaway Status Y/N		*Number Times Missing/Runaway		*Missing From	
*Last Seen in the Company of: (Names and Addresses) DAVID BUSH AGE 40 DOB 8/13/66							
*Miscellaneous Information (Check All That Apply): <input type="checkbox"/> Body X-Rays Available <input type="checkbox"/> Circumcised <input checked="" type="checkbox"/> Dental X-Rays Available <input type="checkbox"/> Dental Models/Photos Available <input type="checkbox"/> Fingerprints Available <input type="checkbox"/> Medication Available <input type="checkbox"/> Current Photo Available <input type="checkbox"/> Blood Type <input type="checkbox"/> (1) O Pos <input type="checkbox"/> (2) O Neg <input type="checkbox"/> (3) A Pos <input type="checkbox"/> (4) A Neg <input type="checkbox"/> (5) B Pos <input type="checkbox"/> (6) B Neg <input type="checkbox"/> (7) AB Pos <input type="checkbox"/> (8) AB Neg <input type="checkbox"/> (9) O Pos <input type="checkbox"/> (10) O Neg							
*Vision Prescription		*Jewelry Type BLUE EARRINGS		*Jewelry Description BLUE STUD EARRINGS		*Fingerprint Classification	
*MISCELLANEOUS DATA (Information which may assist in identification: nicknames, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in Narrative on next page)							
BIRTH NAME: SHILOH DESIREE BUSH FIRST MID LAST							
*The following section <b>MUST</b> be completed and signed according to Virginia State Law (Runaways). I certify the person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief. I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing. I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.				*Affidavit for Missing Person I certify the person described in this report is missing. Check Applicable Condition: Disability: Person missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger. Endangered: Person missing under circumstances indicating his/her physical safety is in danger. Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.			
Signature: Zabellia Serene Date: 10/24/06 Relationship: mother				Signature: _____ Date: _____ Relationship: _____			

## UNAWAY / MISSING PERSONS

7/2000

Initial / Modify

*Incident # 200610240027		*Reporting Officer MARK K. SEGAL		*Officer Code # 1576		Entered: Runaway (901) Missing Person (908)		Page # 1			
*Report Date 10/24/06		*Report Time 0010		*Investigating Agency & Telephone Number (24 Hour Number) RPD/Youth & Family Crimes Unit (804) - 646 - 6716		*Agency ORI VA 220010		*QCA#			
*VLP Seq #		*Last Name SERENE		*First Name STEFANO		*Middle Name RICC		*Suffix CHET			
*Race W / B / A / R W		*Ethnicity H / N M		*SSN 698-01-3835		*OLN		*OL State			
*DOB 8/27/93		*Emancipation Date		*City/County of Birth WELLSBORD		*Mother's Maiden Name (if birth state is VA)		*Expiration Date			
*Height (low range) 5'0"		*Height (high range) 5'0"		*Weight (low range) 96		*Weight (high range) 96		*Hair Color BRD			
*Eye Color OTH		*Skin Tone LGT		*Name of School if Juvenile ALBERT HILL MIDDLE SCHOOL		*School Location (City, State) 3400 PATTERSON AVE.		*Scars, Marks, Tattoos Type Location Body Part Description FACILE FACE LEFT DROOPY EYE TETH BRACES ON TEETH			
*Home Street # 5705		*Home Street Name PARK AVENUE		*City, State, Zip RICHMOND, VA 23226		*Home Phone 301-915-5287		*Date of Last Contact 10/13/06			
*Missing / Runaway Before: Y / N N		*Number Times Missing / Runaway 0		*Is Subject Alcohol and/or Drug User: Y / N N		*Missing From 3400 PATTERSON AVENUE		*Last Seen in the Company of: (Names and Addresses) DAVID BUSH AGE 40 DOB 8/13/66			
*Miscellaneous Information (Check All That Apply) <input type="checkbox"/> Body X-Rays Available <input checked="" type="checkbox"/> Circumstances <input checked="" type="checkbox"/> Dental X-Rays Available <input checked="" type="checkbox"/> Dental Models/Photos Available <input checked="" type="checkbox"/> Fingerprints Available <input checked="" type="checkbox"/> Footprints Available <input checked="" type="checkbox"/> Medications Available <input checked="" type="checkbox"/> Current Photo Available		*Blood Type: (1) O Pos (2) O Neg (3) A Pos (4) A Neg (5) B Pos (6) B Neg (7) AB Pos (8) AB Neg (9) Unk		*Vision Prescription <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses		*Jewelry Type Jewelry Description LEFT EAR PIERCED		*MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, name of medication(s). Continue in N NICKNAME: "RICO" BIRTH NAME: STEPH CADENCE BUSH First M.I. LAST		*Affidavit for Missing Person Age 18 or Over I certify the person described in this report is missing. Check Applicable Condition: *Disability: Person missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger. *Endangered: Person missing under circumstances indicating his/her physical safety is in danger. *Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.	
*The following section MUST be completed and signed according to Virginia State Law (Runaways). I certify the person described in this report is missing and under 18 years of age and that the information I have furnished is true and correct to the best of my knowledge and belief. Z. Zakella Serene 10/24/06 mother Signature Date Relationship I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing. I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent. Z. Zakella Serene 10/24/06 mother Signature Date Relationship		*Affidavit for Missing Person Age 18 or Over I certify the person described in this report is missing. Check Applicable Condition: *Disability: Person missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger. *Endangered: Person missing under circumstances indicating his/her physical safety is in danger. *Involuntary: Person missing under circumstances indicating the disappearance was not voluntary.		*Signature Date Relationship		*Signature Date Relationship		*Signature Date Relationship			

POSSIBLE LOCATIONS

SISTER

1) JACKOLYN PELL  
6431 CRESENT AVE  
BENSALEM PA 19020  
P# UNKNOWN

LAST KNOWN ADDRESS

PARENTS

2) LYLE + HELGA BUSH  
~~RT 6~~ 2565 RT 660  
WELLSBORO PA 16901  
P# UNKNOWN  
WORK - PINE CREEK POTTERY

FRIEND

3) LORELEI BEHRMANN, TRUTILLO  
777 STONY FARM RD. WELLSBORO PA 16901  
P# UNKNOWN

FRIEND

4) LORI KLEIN  
24 MEADE ST. WELLSBORO PA 16901

BROTHER

5) ~~DETECTIVE~~ ~~CHRIS~~ CHRISTOPHER BUSH  
~~PHILADELPHIA PA~~ 3645 SMITH RD.  
FURLONG PA 18925

ATTORNEY

6) STEPHEN BANIK  
743 STEAM MILL RD. WELLSBORO PA 16901

ISARA ISABELLA SERENE

DOB 6/21/75

5705 PARK AVE

SSN# 698 013611

Richmond VA 23226

CP# 301 915 5287,

(804) 647-8198

CHILD

1) STEFANO RICOCHET SERENE - NEW NAME

STEPH CADENCE BUSH - OLD NAME

DOB 8/27/93 - 13 yrs old

SSN# 698 013835

5705 PARK AVE RICHMOND VA 23226

5 foot 96 LBS W/M BROWN HAIR, HAZEL EYES

LEFT DRUGGY EYE

BRACES

LEFT EAR PIERCED

LAST SEEN OCT 13, 2006

DETECTIVE JOEL LAWSON, MRS. EDMONDS TOOK ALL THREE CHILDREN + RELEASED TO DAVID BUSH

CHILD

2) DOMINIK ELIEZER SERENE - NEW NAME

SKYLER RAINE BUSH - OLD NAME

DOB 11/01/00 - 5 yrs old.

SSN# 698014057

3ft 6 in. 40 LBS

BLU EYES, BLONDE HAIR

CURLY BLONDE HAIR

~~LEFT EAR PIERCED~~ LEFT EAR PIERCED

CHILD 3) TULLIA AMELIE SERENE - NEW NAME  
SHILOH DESIREE BUSH - OLD NAME  
DOB 6/17/02 - 4 YRS OLD  
SSN# 698014199

3 FT 4 INCH 42 LBS  
BLUE EYES LIGHT BROWN HAIR, SHOULDER LENGTH  
BOTH EARS PIERCED, BLUE STUDS IN.

ACTOR: Ex - HUSBAND

DAVID (M) BUSH  
DOB 8/13/66  
193 WHITNEYVILLE RD. WELLSBORO PA 16901  
PH# 570 ~~274~~ 724 2391

SSN# 160 54 7108

6 FT 1 IN W/M 160 LBS  
CLEAN SHAVING

CONTACTS

CREW CUT

TATTOO RIGHT FOREARM - MURMAID

SHIP ON OUTSIDE OF ARM

THREE PIERCING ~~LEFT~~ LEFT EAR

LAST ARREST SEP 2, 04  
By WELLSBORO POLICE

EJW